KANSAS MEDICAL JOURNAL.

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ORIGINAL ARTICLES.

President's Address.

BY IDA C. BARNES, A.B., M.D.,
President of the Topeka Academy of Medicine and Surgery.

Read at the November meeting.

Fifteen years ago last May, a call was issued to the regular physicians of Topeka to meet for the purpose of considering the advisability of organizing a city medical society.

The need was apparent.

At this called meeting a committee was appointed to draft the constitution and by-laws which, with some amendments, govern the society to-day.

The membership was in the beginning small, and the monthly sessions were held in a private office.

Later on their numbers increased, a hall was secured, and during the boom times of Topeka the Academy of Medicine and Surgery flourished in enthusiasm and abounded in spirited discussions. In no other organization does there exist such a variety of opinion and such a liberal allowance for the frank expression of differences, the result of practical experience, as in a true medical society founded for real advancement.

During these years many physicians have come and gone, while others have passed to that haven of rest from which there is no returning.

As the society grows older, year by year, the records of the work done becomes more and more valuable, since unattainable from other sources, and the history of the society includes in its records reports of the most important and valuable cases which have fallen into the hands of the Topeka physicians. The society also numbers among its members specialists in several departments of medicine and surgery; and their clientele covers not only the city, but the State, as well, and other States; and this furnishes a richness of experience and observation which many larger societies might well covet.

The primary object of every medical society, whether local or international, is the investigation of the causes of disease, with the results obtained from treatment.

This involves discussion of all the methods and theories and discoveries which are, from time to time, thrust upon us—some permanently, others of short life.

A better knowledge of disease has led to the large field of preventive medicine, which, if successfully promoted, must yield great results in the prolongation of life and in the possibilities of an active life.

It is a fitting time to remind the members of the society that they belong to a profession that from time immemorial has unflinchingly relegated self-interest to others, and have offered on the altars of science the best that it could produce, for the sake of relieving human suffering and of lengthening human life; and thus stands next to the consecrated ministry, which seeks to save the soul, while we the body, that the soul may reach its true development.

It is true that the members of the medical profession have many imitators, and without doubt there are many who are, by fulfillment of certain requirements, entitled to all the prerogatives of the profession, who are very poor representatives of the magnitude and dignity which the acceptance of such a position entails.

Unfortunately, the defects or imperfections of any society or individual always loom up more prominently to view than the

perfections; and thus the medical profession has often been compelled to rest under the unjust judgment of those for whom they have done most.

We must also not forget to mark the great advances made in medicine in the last fifteen years, and to congratulate ourselves that through the medical journals and the medical societies, the wealth of medical progress is placed at our very doors.

It simply belongs to us to select the best, and adapt to the cases which come under our charge.

I think that I voice the sentiment of the members of the society here to-night when I say that the highest aspiration of the true medical man or woman is not to study to deceive patients, and, calculating upon the possibilities of chance, to make glowing promises in doubtful cases which may seem to be fulfilled for a short time, or, much to the surprise of the diagnostician, may actually terminate according to the prognosis; but, to make careful diagnoses, considering well all the complications, reviewing all the conditions and making a liberal allowance for the natural vitality of the patient, which of itself is indicative of a tendency to recovery, and should be assisted by any means which will hasten the progress and diminish the risk of the patient, and then, if failing in a complete recovery, to prolong life and allay pain, and secure, it may be, a moderate degree of functional activity.

The probable outcome of each case should be outlined in as favorable a prognosis as consistent with truth and scientific investigation; and we all know that even the most unpromising cases may have some elements upon which it is possible to hang the thread of hope, so we should never lose heart.

While all members of the medical profession welcome most gladly any means which shall most certainly give relief and restore disability, yet they will not look for it along the line of suggestion alone; although a proper remedy when properly used in proper cases, it is simply one of the many remedies belonging to the great armamentarium which it is the privilege of every true physician to possess; but they will look to the new discoveries and the old discoveries which have come to us through ages of experience.

An individual who is not willing to give years to the study of anatomy and physiology and pathology and materia medica and therapeutics, in all the minutæ of their relations, will hardly come upon any great principle which will permanently benefit the physical being, except by accident, and we all know how few things come by accident unless along the line of original research; in other words, I shall not make any great electrical discoveries unless I study electricity, neither shall I take out a patent for some mechanical design unless I study the principles of mechanics, then how would I be able through mental impression to cure a disease of the body which I did not know existed except by some symptom which some one had told me was usually present in a certain ailment, but did not tell me might be present in many other ailments; and with regard to symptoms, the greatest possibility for error exists. They are of two classes, namely: subjective (those of which the patient complains), and objective (those which the physician may discover for himself when examining the patient). Sometimes the most annoying subjective symptoms bear very slight relation to the gravity of the disease.

It is not uncommon for patients who have had serious lesions for a long time to gradually recover from the pathological condition under appropriate treatment, or even without it, but retain the mental impression of the pain occasioned when there is no cause for it. They usually suddenly discover this for themselves, or are imposed upon by some well-meaning friend who clears them of their delusion, and, because they do not understand these cases, call it miraculous healing.

To illustrate: Some three years ago a young lady came into my office on business. She finally told me her history. She had been thrown from a horse and her spine injured some years before. Ever since she had suffered much, and had been compelled to lead the life of an invalid, although under the best of medical care. At the time I saw

her she was well nourished, rosy-cheeked, red-lipped, with a sprightly step, and if she had any disease appearances were very much against it, although she complained of a great deal of pain. It was reported to me through a friend that at the time a physician was giving her much attention for spinal irritation and nervousness; that she was studying and reading until two or three o'clock in the morning, and rising at 6 A.M. without sleep in the daytime. This might account for some of her mental depression later, and if kept up might be the cause of acquired insanity. This young lady now reports herself wonderfully healed.

Another instance was that of one of our city teachers, who was not very strong physically, and had a troublesome nasal catarrh. She stopped teaching and traveled in the western part of the State, following a congenial occupation. The catarrh disappeared, due to more hygienic living and a favorable climate, yet she ascribed it to "Divine healing." I really felt that the Lord did direct her when she was permitted to travel and change her occupation, although I did wish that she would view it in a rational manner.

Another instance: A young woman languished upon a bed of sickness for many years, and suffered the most excruciating pain combined with almost complete helplessness. "Pansy" devotes an entire volume to the experiences of this greatly afflicted woman and her wonderful healing, in which she suddenly arose from her bed and walked away a well woman. I refer to a well-known railroad evangelist. She was in Topeka some three years ago. I met her at a public meeting and she took me aside and asked for a prescription for constipation.

Still another case comes to my mind of a young lady who kept her bed for three or four years when there was no need for it; at least, for a part of the ime.

She finally was attended by a physician who told her that she might get up, and that there was no organic disease. She has been much better ever since, but now has an organic kidney lesion which I presume existed at that time, since she describes the symptoms peculiar to this disease. The fact that she is fairly well demonstrates the effect of the mind on the body, as well as an over-estimated seriousness of prognosis by her first attendants, which physicians should be careful to avoid.

The cases that I have just cited had reached a stage in the course of their recovery in which a particularly large dose of suggestion was very beneficial, just as at a certain stage in some other disease, iron in some form might be very conducive to the building up of the body, while in another stage we would not get as good results as from the administration of a very different drug.

I would also call attention to various allied cures which are in themselves efficacious in properly selected cases, and have occupied a prominent place and do yet.

I refer to the various water-cures, the Keeley cure, electricity, baths of various kinds, etc.

The tendency, by both the laity and the medical profession, to laud every new discovery beyond its true value, and to attach any great importance to the claims of those who do not ever take the trouble to inform themselves concerning the processes by which the body normally recuperates, can only bring discredit upon true scientific investigation.

It was a proud moment for me when I was admitted into a profession which valued so highly human life that the most skilled diagnostician considered himself bound, just as any other member of the profession, by duty and etiquette, to reveal all that he knew in any line of discovery or treatment at the request of the most obscure member of the profession, and to publish without remuneration far and wide every new discovery, that life might be saved.

If it were not for this attitude assumed by the profession, this generation would be groping for first principles, and often failing to find them, instead of standing upon the monument of former investigation and building higher for the incoming generation, that it may mount from a still higher pedestal.

Since the best results can only be secured through organization in any line of activity, I have it in mind to enumerate some of the objects which the Topeka Academy of Medicine and Surgery can materially advance; and I should say—

First. That the society is a protection to the people of the community. A membership in this society is a guarantee of a diploma from some reputable medical college, which means efficient preparation. In no other way can the people know of the standing of a physician except as he is accepted in fellowship by his medical associates, and in a local society each member is better known than can be in a district or state society, therefore the greater honor in belonging to it.

Second. It is of value to the physician as an introduction to the city, especially the young physician, and of all physicians to an ever-changing community.

Third. It takes the place of the medical college and clinic to the busy practitioner, who here have an opportunity of exchanging opinions and experience.

Fourth. It stimulates to greater research and more careful bedside work.

Fifth. It brings the physicians (the most busy set of people) together, that they may study each other and note the elements of success and failure.

Sixth. It eliminates the elements of jealousy and rivalry which are so apt to creep into the lives of people who are more or less competitors.

Seventh. The more largely the physicians of our city work in harmony and unity, the greater will be their dignity, and so shall they command greater respect and position upon all questions which they may advocate.

A MOST convenient way to pack the nose in case of hemorrhage is to take a piece of iodoform or carbolized gauze an inch wide and eight inches long, double upon itself and pass the loop thus made through the nose until the posterior wall of the pharynx is reached. Now, with a pair of dressing forceps, cotton can be inserted in the loop of gauze, pushing it back and packing firmly until an even pressure is made upon all parts of the nasal canal. The packing is easily removed after bleeding has ceased, either by the forceps or by making traction upon one end of the strip of gauze.

Epilepsy.

New York Medical Times.

To thirty or forty grains of adonis vernalis in five ounces of boiling water (filtered), is added 150 to 170 grains of potassium bromide and two to three grains of caffeine. A teaspoonful of this mixture is given four times daily in water or sweetened milk. Adonis is known to act upon the heart as a stimulant or tonic, something after the manner of digitalis, increasing arterial tension, while the potassium acts upon the vasomotor apparatus. In combination it is possible it may produce more positive action in controlling the circulation.

THE Antikamnia Chemical Company have sent out to members of the profession a beautiful and convenient souvenir in the form of a pocket case containing several boxes of antikamia tablets. Good advertising never fails to benefit where you have a good thing to advertise, a fact which the antikamnia people have good reason to know.

ROSKAW reports the successful treatment of a large number of cases of whooping-cough with applications to the glottis of from 2 to 3 per cent. solution of resorcin. The applications are made every four hours during the day and once or twice during the night. Erors recommends the insufflation of resin of benzoine, blowing the powder into both nose and pharynx. He claims that this treatment diminishes the number of paroxysms.

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Topeka, Kansas, Saturday, Nov. 13, 1897.

THE *Journal* is in receipt of another circular from a jeweler and "eye specialist" of this city which reads as follows:

"Are you satisfied with the results obtained when sending your patients to have their eyes examined for headache and nervousness? Are your patients satisfied with their glasses? Do you think you did justice by referring them to the specialist you did? Have you lost any of your patients after they had their eyes examined? And why? More such questions might be asked, but it is unnecessary as this circular is only mailed to the profession.

"In correcting errors of refraction we use the most advanced and scientific methods (which is accomplished by very few), and do not guess at the defect, but positively get the exact error."

The conceit of this is most supreme and amusing, and no physician is likely to be gulled by a circular of this kind from a mere mechanical worker who has no knowledge of medicine or of the physiology and pathology of the eye, and who has had a "full course of lectures" ranging over a period of probably two weeks. In advertising to cure headaches and nervousness this optician would seem to have allowed his zeal to overstep itself into a violation of the medical practice act, and the attention of the authorities is respectfully directed this way. The insinuations in these circulars against the good name and honesty of those medical men who devote their time to the study and relief of diseases of the eye, is beneath the self-respect of any upright tradesman even. —*Cleveland Journal of Medicine.*

Where doctors are plenty and medical laws scarce the optician thrives, and his egotism even exceeds that of the *Journal*'s friend (?). We can safely say that 75 per cent. of the jewelers in Kansas are, from their standpoint, scientific opticians and legitimate competitors of the physician oculist. A week's practice with the ophthalmoscope teaches these men more than a physician may learn in years of careful study and investigation, according to their own opinions. There are but few States in the Union that will permit our teeth to be filled except by a dentist who has proven his competency. This may be accounted for on the theory that a man's heart is best captured by pleasing his stomach. It does seem strange that an intelligent people would offer more protection to their teeth, which can be easily replaced, than to their eyes which, when once destroyed, are forever lost. Yet this is not more strange than the readiness with which a man will pay ten dollars to a veterinary when his horse is sick, and kick on half the sum for a visit from a physician to his wife or child.

People are superstitious about anything connected with medicine and disease, and we can expect them to be so until they are better educated in its principles. The State Board of Health of Missouri, by its attempt to advance the standing of its medical men, brought about practically its own annihila-

tion simply because the people in their ignorance preferred Christian scientists and other fakirs to men of scientific attainments and professional ability. The newspapers are called the great educators of the people, but so far as medical subjects are concerned the extent of information vouchsafed by them is the wonderful skill displayed by Dr. —— in an operation, or the strange and wonderful case of Mr. ——, and how the doctors are puzzled. It strikes us that intelligible, well-written, common-sense articles on hygiene and the prevention of disease, and on the care and attention of the sick, or even the cause and diagnosis of disease, would not only be of great benefit to the people but would place the profession on a higher stand with them. It is the persistent attempt at self-aggrandizement that makes the medical contributor obnoxious to the newspaper profession. Newspapers are always ready to receive articles which are of interest and benefit to their readers, but they are certainly justified in refusing gratuitous publication of an article in which the advertisement of the author is the principal object. The profession will lose nothing by giving a little of their knowledge to the public, gratuitously, the newspapers will benefit by such contributions, and the people will learn to appreciate the advantages of medical education over the ignorance and superstition of Christian science and other quackisms. When this end is reached legislation will be easy, for what the people demand legislators dare not refuse.

SOUTHERN Illinois is greatly alarmed over the appearance of yellow fever there. If general and official reports are reliable quarantine regulations at the coast are strictly enforced, but if individual reports amount to anything the quarantine regulations are utterly worthless.

DR. S. G. STEWART has just returned from Ohio, where he was called by the death of his mother.

Proceedings Topeka Academy of Medicine and Surgery.

The Topeka Academy of Medicine and Surgery held its regular monthly meeting and the annual election of officers Monday evening November 8, 1897.

The following members were present: Drs. Ida C. Barnes, Agnes McKee Wallace, D. K. Longshore, O. P. Davis, D. E. Esterly, S. E. Sheldon, L. M. Powell, Harriet E. Adams, W. E. McVey, H. L. Alkire, and W. A. Wehe; visitors, Dr. Whitmer and medical students.

"Treatment of Some Cases of Septic Retained Placenta" (Dr. Sheldon).

I think that most of your doctors will tell you that when you have a retained placenta after the second, third, fourth or fifth month, you should always remove it and remove at once, and with force if necessary. For this purpose a great many curettes, spoons, etc., have been invented for this purpose. That has been my rule up to a few years past. I don't believe that we are justified in removing any placenta where there is profound septic poisoning when we have to use a great amount of force. The question is whether you wish to produce a greater amount of inflammation by tearing open new channels for infection, subjecting the patient to greater sepsis, or to use some means for destroying the septic matter. Of course where there is dangerous hemorrhage there is nothing else to do but to remove the placenta. Some will say remove it, irrigate, and pack with iodoform gauze. Let us see if there is not a better plan.

My plan has been the following. Given a woman that has miscarried at the second or third month, and there is a septic condition, high fever, frequent pulse, bowels tympanitic and painful, I take a uterine syringe, fill it with an antiseptic oil and insert the syringe into the uterus, passing it to the fundus and then emptying it. The oil I use is composed of one dram of carbolic acid to seven drams of sterilized olive oil. I have used this over two years in over thirty cases. I have not lost a single case. This

oil is readily absorbed by the uterine tissues, more readily than an antiseptic watery solution would have been. In eight to ten hours you will have a falling pulse and lowered temperature. I do not believe you are justified in removing with force a placenta in a septic condition.

I have here a new invention which I think is very fine. It is the most rational thing for removing the placenta before infection has begun. I believe it is called an augur or spiral curette.

The following from my case-book will illustrate the modus operandi:

Case I—October 28 was called to see Mrs. P., white, aged 24, two months pregnant, frequent chills with fever, abdomen tympanitic and tender, pulse 135, temperature 103, pain severe. She had been introducing sound for several days to produce an abortion and for two days passing had introduced a piece of slippery elm bark about one-half inch in width and one-fourth inch thick into cervical canal for about two inches. This I found there upon my first examination. There was a very offensive, fetid, sanguinous discharge from the uterus. The os was well open, and upon removing the elm bark a decomposed fetus came away, but no placenta. As the uterine canal was so septic and she so tender, I did not deem it wise to use much force to get the placenta or to curette, so I simply injected the uterine cavity full of carbolized oil, and by morning the pulse and temperature were normal, and a daily injection for three or four days completed the treatment, and she has made a good recovery. The decomposed placenta came away on the second or third day. No medicine was used except a laxative followed by quinine.

Case II—May 2, '97, was called in consultation to see Mrs. D. F., aged 40, white, multipari, who eight days before had had a miscarriage at about four months, the after-birth being retained. Found her with pulse 140, temperature 105, delirious, abdomen tympanitic and very tender, and a very offensive discharge from the uterus. Examination showed the os only slightly dilated and so tender that every attempt to dilate it produced great pain. Believing that further attempts to remove it would produce unnecessary pain and endanger her life by further sepsis, it was abandoned and the uterine cavity injected with carbolized oil. The next day the pulse had fallen to 90 and the temperature to 99 1-5, the delirium gone, and the next day temperature normal. The injections were repeated daily for a few days, when the decomposed placenta came away, and the woman made a satisfactory recovery.

Case III—February 8, 1897, was called to see Mrs. F., who a few days before had produced a miscarriage at about the third month, the placenta remaining. She was having chills and fever, abdomen tympanitic and tender, a very offeusive fetid discharge from uterus. An examination showed os well closed, uterus very tender, and efforts to dilate os very painful. The uterus was injected with the carbolized oil. The next morning the fever was all gone as well as the pain and most of the tenderness. The injections were continued daily or every second day and the decomposed placenta came away. She made a good recovery.

Case IV—July 19, '97, was called in consultation to see Mrs. M., aged 38, white, multipara, who three or four days before had miscarried at about the third month, the placenta remaining. Found her with pulse 120, temperature 102, frequent chills, abdomen tender but not very tympanitic; was having frequent pains, simulating labor pains, and a very fetid, offensive discharge from uterus. Os was very slightly dilated. As she lived in the country, a long distance from the doctor, we dilated the os under an anesthetic and removed the placenta, and injected the uterus with carbolized oil. She made an uneventful recovery.

Now, then, if they can be removed at an early day that is the thing to do, whether with forceps, curette, or any other way. If you dilate it you have got to open up a new line for infection. So thoroughly am I impressed with this idea that I will do what I can to prevent such an accident.

Discussion—Dr. Powell: I know so little about the plan of Dr. Sheldon's that I can

hardly say anything upon it. It is at such variance with our usual treatment that I would want to think about it. Sterilized olive oil may be a good thing. I have always taken out the placenta and if the cervix is tight I would give an anesthetic. In the majority of cases the placenta is safely removed. In my short practice I have never seen a case where the removal of the placenta and irrigation was not followed by a normal temperature in a short time. Having had such experience I would hesitate to adopt a new method. It seems to me the auger curette would do more damage than good.

Dr. Alkire: I did not have the pleasure of hearing what Dr. Sheldon said. I agree with Dr. Powell. I have always considered it the proper thing to do to use antiseptic solutions. I have always felt it unwise, on account of hemorrhage, to delay the removal of the placenta. I know nothing to do this with so good as the index finger. I have lately seen the uterine auger but have never used it. I am sure you cannot feel so well as with the finger.

Dr. Longshore: I think Dr. Sheldon made it very plain that he referred to cases of retained placenta where there was no hemorrhage and where there was sepsis. I believe many of the cases are a vaginal decomposition and not intrauterine. I do not feel the fear of a curette as many do. I have one case of a woman whose trouble began in May. In September I saw her. She had been douched and treated all summer. I succeeded in curetting two or three little pieces of placenta that were as much alive as ever. I think we may thank the doctor for showing his cases.

Dr. Wallace: Dr. Sheldon has presented an interesting paper.

Dr. Barnes: I can only say that I have used the method followed by Dr. Powell and others. But I am pleased with the results reported and think I would like to try the plan.

Dr. Sheldon: As I said in opening my remarks, I do not expect to have you agree with my method. In regard to Dr. Powell's remarks, they are in harmony with the treatment of the present time. I have the report of eleven cases treated by a doctor in Dickinson county by this method with most satisfactory results. It is no question that the finger is the best curette when it can be used. But I say that some of these cases are not fit subjects to use this method upon. Take the woman of last May: if I had given her an anesthetic she would have been a corpse. I want to give you a new idea. This makes me think of another case, a woman that had been treated by a traveling charlatan. She had paid him a dollar. The fetus was away and the charlatan did try to remove the placenta with a curette. I gave her an injection of carbolized oil. In a day or two the placenta came away and she has entirely recovered. I give quinine in these cases but never give ergot.

Dr. Longshore: Do you think it advisable to use it in a case where you have no reason to think it is infected?

Dr. Sheldon: Yes, I do.

"Nephrolithiasis" (R. E. McVey)—page 617.

Discussion—Dr. Sheldon: The paper is one of the complete papers that the doctor always presents. I saw a case a few weeks ago of a little girl that had nocturnal enuresis. She had been treated with all manner of customary plans This was a form of this trouble that I had never seen before. I examined the urine in another case not long ago, and found albuminuria. It is a good plan to examine the urine in little children. The doctor referred to a case of eczema which recovered.

Dr. Longshore: I never could understand why, in some cases, that one doctor would prescribe a meat diet, while another doctor would exclude meat.

Dr. Powell: A red deposit is no indication of a gouty diathesis. It requires a chemical and microscopical examination to exclude or confirm a diagnosis. I want to express my appreciation of the doctor's excellent paper.

Dr. Davis: Nothing has been more confusing to me than the extent that uric acid enters into the causation of disease.

Dr. Wehe: The ground has been pretty thoroughly gone over by the doctor. In all

cases that I have observed there has been deranged digestion.

President Ida C. Barnes, then delivered the annual address (page 630).

Dr. R. E. McVey was elected president for the ensuing year. Dr. W. A. Wehe, vice-president; Dr. H. E. Adams, secretary.

H. E. Adams, M.D., *Secretary.*
Ida C. Barnes, M.D., *President.*

Operative Treatment of Goiter.

Discussion on Operative Treatment of Goiter, by Dr. Edward Martin, Philadelphia, Pa.

Dr. John B. Roberts's success with the operation in a small number of cases has been similar to that of Dr. Martin. He referred to a woman seen recently on whom he operated four or five years ago. There is little scar and in all respects the result is satisfactory. Dr. Roberts has not operated on a large number of cases of goiter, partly because many did not seem to need operation, while in others medical means was sufficient to reduce the size of the tumor. It is his custom to tell patients, if the tumor does not become smaller in a comparatively short time under medicinal treatment, that operation is proper and is not a very serious matter. It is, however, like all operations, attended with a certain amount of risk, and, as a rule, it is preferable to try the milder means before adopting more heroic measures.

Referring to the case of acute thyroiditis in a diseased thyroid gland, Dr. Roberts stated that he had seen a similar condition once or twice. Last spring a woman with quite a goiter presented herself with high temperature and very much the symptoms related in the case of the young girl reported by Dr. Martin. The treatment was conducted on general principles, and there was no suppuration. The tumor diminished, the temperature fell, as the inflammation subsided, and, as there was still quite a large cystic growth, it was subsequently opened with a bistoury and a great amount of bloody fluid turned out.

In a similar case seen a few weeks ago a woman came to the hospital with active symptoms of acute thyroiditis, which it was thought would require operation because of dyspnea; but in a few days the swelling rapidly subsided. Dr. Roberts has seen suppurating thyroiditis in a man. The patient did badly and died, perhaps because incision was not made early enough.

With treatment with thyroid extract possibly it may be possible to diminish the growth. Old fibroid bronchoceles can probably not have anything done for them except through operative measures.

Dr. Roberts said finally that he would not operate perhaps in quite as many cases as Dr. Martin, perhaps not quite so soon, but the results are good, the scar can be made very insignificant, the operation is not a very serious one, and the hemorrage and other complications can usually be avoided in the hands of competent men. Much more hope can now be held out to goitrous patients than formerly. The number of cases in the United States is not so large, and thyroid extract given comparatively early in the disease will probably do much good.

Dr. R. G. Curtin said his knowledge of enlargements of the thyroid gland has been almost entirely confined to exophthalmic goiter, in which disease the enlargement of the gland rarely causes enough pressure upon the trachea or esophagus to produce even slight dyspnea or dysphagia. It can be conceived that such a deformity could be the cause of mental depression which might aggravate the existing nervous symptoms. Dr. Curtin has seen but one case in which suppuration of the gland occurred, and this was a broken-down woman in whom ergotin had been injected into the substance of the gland. After several injections the whole gland melted down into an abscess and was discharged without incision. The abscess occasioned very little pain or constitutional disturbance. There was no enlargement of the neck following the abscess. The other symptoms continued the same. In Dr. Curtin's opinion there is not much danger from inflammation in removing the thyroid gland.

In the acute form of exophthalmic goiter the gland is very soft and vascular, so that

the dangers of any operation would be thus increased. It seems that in the acute stage the removal would be more serious than in the chronic form.

The enlargement of the thyroid gland attending Graves's disease is only a symptom of a disease, the seat of which is located in the sympathetic nervous system, so that the removal of the gland would not cure the malady.

In proof of the influence exerted by the enlarged thyroid, Dr. Curtin related that he has seen and heard of cases in which the thyroid did not enlarge at all; in other cases the disease continued for years before any abnormal size of the thyroid occurred. Again, the palpitation, which is generally the second of the triad of symptoms usually found in this disease, may start years previous to any enlargement of the thyroid. The sensitive condition of the nervous system would be a drawback to the operation, for the excitement and shock preceding and following might be a great disadvantage. Young women, after the acute stages, distressed by the deformity of the neck, might be benefited by the removal of the gland, through the resulting quietude of the mind and nervous system.

In a paper read before the Pan-American Medical Congress last November, Dr. Curtin showed that many of the old cystic goiters were caused originally by hereditary Graves's disease, modified by living in a limestone district, or by other influences. Such cases might be operated on if necessary, but they are usually of chronic form; consequently the patients are advanced in years and would not desire the operation.

Dr. A. A. Eshner stated that his experience had been considerably larger with cases of exophthalmic goiter than with cases of goiter of other varieties. He did not agree with the view that operation is not indicated in cases of the former. On the contrary, he thought that the indications for surgical intervention would be pretty much the same in both sets of cases, viz.: Excessive sizes, marked deformity and pressure symptoms. He would go even a step further in cases of exophthalmic goiter and coincide in the removal of the gland for its direct curative effect. The number of cases recorded in the literature in which partial removal of the enlarged thyroid gland in the manner pursued by Dr. Martin, has been followed by amelioration or disappearance of the remaining symptoms. Exophthalmos, tachycardia, tumor, etc., is now so large as to leave no room for doubt as to the relation between the operation and the result. Cases of exophthalmic goiter are exceedingly rare, if they occur at all, in full-blooded blacks. Not having seen a large number of cases, Dr. Eshner could not speak with positiveness as to the frequency with which simple goiter occurs in colored persons. He referred to the case of a young colored man exhibiting an enlarged thyroid gland of some six months' standing, in which diminution in the size of the gland had apparently taken place in the sequence of thyroid medication, one grain of a dried extract being administered thrice daily. In conclusion, Dr. Eshner maintained that thyroidectomy should not be undertaken until medicinal measures had been exhausted, except in urgent cases, as, for instance, when the pressure of the enlarged gland threatens asphyxia, when operative aid must be given at once. Such measures failing and the symptoms persisting, or the patient demanding relief, partial ablation of the gland is indicated.

Dr. G. G. Davis commended the position taken by Dr. Martin. A certain feeling, so to speak, must be present in the community to support advanced measures, and the report and the exhibition of such cases as those made will tend to strengthen a surgeon in advising more radical measures than has heretofore been the case. The mortality as mentioned as being from four operators can hardly be taken as indicative of the result that the operation would give were it to be adopted by surgeons generally. Goiter is much less frequent in the United States than it is abroad, and the experience that surgeons gain here is much less than that of Continental surgeons, and there is no doubt that experience has considerable to do with the mortality. The operation is in a

dangerous region, the neck, and the wound made is an extremely large one; therefore one has not only the operative procedure to perfect, but likewise the after-treatment of the wound to carry it successfully through. The dangers are illustrated in the cases reported. In one of these there was troublesome hemorrhage; in two there was difficulty afterwards with the breathing, in other words, in three out of seven there was some untoward symptom. There is no doubt that in a considerable number of these cases the operation is simple and the gland can be readily turned out. In others the operation for the control of secondary hemorrhage, following the removal of half the gland, in which the patient died upon the table. This took place apparently from venous bleeding, which occurred deep in the recesses of the wound in the neighborhood of the inferior thyroidveins. The veins seem to come directly from the fascia, that is to say, to be almost indistinguishable from the fascia, and the surgeon could not promptly and efficiently enough control the hemorrhage with hemostatic forceps or by pressure, and this operator is recognized as a very excellent surgeon, so that the accident was apparently not due to lack of technical ability.

Dr. James Tyson said that his experience in the medical treatment of goiter has not been very satisfactory. The small enlargements of the thyroid gland which are slightly conspicuous often yield to medical measures, but large, well developed goiters do not respond readily to such treatment. Dr. Tyson was impressed by Dr. Martin's paper as to the possibilities of the operative treatment of these cases and he was much more favorably disposed towards operation than before he heard it.

Dr. Edward Martin said that the remark in regard to thyroid feeding possibly limiting the number of cases that come to the surgeon is an apt one, and the indications for this treatment are fairly well formulated now. As a result of observation in from 80 to 100 cases it has been shown that recent parenchymatous goiters in very young children, can be as a rule cured. In children of older growth they can often be cured. In adults they cannot be cured. In cases of cystic or fibrous goiters the treatment is utterly vain. In cases of exophthalmic goiter it is distinctly toxic. In the class of young people with recent parenchymatous nodules certainly thyroid treatment promises well.

In regard to interference with exophthalmic goiter, it seems to be very difficult to distinguish between exophthalmic goiter and simple goiter. Of course, a typical example of each is distinct enough, but the pathologic and symptomatologic merging s so gradual that it is difficult to draw any sharp line of separation. Exophthalmic goiter should be subjected to the same treatment as the simple variety.

The operation, when indicated, should be performed before these changes take place, which are to a certain extent irreparable.

It is a question whether the exophthalmos is a cause or a result of a nervous lesion. In the cases of goiter reported the tumor, even in its cystic form, has been almost always associated with a pronounced degree of neurasthenia and hurried heart-action. Except in one case these symptoms have all cleared up after the operation, and the experience of surgeons who have had infinitely wider opportunities for observation is in corroboration of the fact that no matter what the nature of the goiter, by its partial removal the symptoms are relieved or cured. There are now on record over 200 cases of partial incision of the enlarged gland of exophthalmic goiter, and the results demonstrate, as well anything can, that improvement follows in proportion to the wisdom in selection of the amount of the diseased gland to take away. Of course, all discussions as to the beliefs in this matter are founded only on theory, but the theory that seems most plausible in regard to the symptoms that accompany exophthalmic goiter, is to the effect that these are due to hyper-thyroidization.

Still the question is by no means clear, and no one has yet absolute proof to adduce against exophthalmic goiter being the result of a nervous lesion. Certainly to a surgeon it seems the other way.

As to the advisability of operating on exopthalmic goiter when vascularity is a pronounced feature, the tumor being small, surgeons of widest experience will advise ligations of the arteries—three, or even all of them—in preference to excision, as it is considered somewhat the safer operation; at any rate the results are extremely good.

The remark in regard to a mortality greater than that of one-half per cent., from four operators, is no doubt justifiable. The fact seems marvelous. The malignant cases are, however, thrown out. In other words, the figures are just a little juggled with, and it cannot yet be said to what degree, but the mortality of the cases reported by some thirty surgeons is about 3½ per cent., and that is probably about the mortality to be expected in the United States. Continental surgeons are scarcely any more careful than American surgeons, and they are no more clean. The operation requires no special skill beyond that which may be expected of any surgeon.

The object of the paper presented was to encourage the feeling that in advising a patient to have a goiter operated on, the physician is not taking any great risk, certainly not greater than that involved in the removal of a chronically inflamed appendix, or in relieving chronic ovarian trouble.

The patients that come under the surgeon's notice now are those people who have passed the limit, who come for operation, and often in very ill condition. It would be well to get patients to come before they reach that limit, and the result might be the relief of the suffering, with a mortality somewhat better than that given.

Forced Spinal Correction Condemned.

The Times and Register.

Menard, in a quite recent communication to the *Academy*, absolutely condemns the operation, and considers it dangerous and inefficient. He has experimented on the dead body and examined museum specimens, and comes to the following conclusions:

1. That, notwithstanding the dislocation produced by the "straightening," it is quite true that the cord and membranes remain intact.

2. That the forced straightening necessarily opens up the two segiments of the diseased bony column, and consequently forms a large gap, which measures, according to Menard, two, four or six centimeters, or more.

3. To make a perfect recovery this gap should get filled up with a solid bony callus; and should this callus not form, the cicatrix is only fibrous and retractile.

4. That this latter is what happens is ascertained from post-mortem and museum examinations; that the periosteum of the vertebræ is profoundly altered or destroyed, and does not produce new bony tissue at any period in the evolution of the disease.

From these various communications Menard sums us thus: That in recent cases, and where the deformity is not great, the operation holds out a certain prospect of success, but in cases of long-standing, and where several vertebræ are involved, the gap produced after strightening is too great to be followed by other than fibrous tissue, so that there is great risk of the deformity returning when the support is removed.

In the *Lancet*, Jones and Tubby are reported as having demonstrated in the Royal Southern Hospital, Liverpool, on a series of cases the manipulation for reduction of deformity. The children's ages varied from 3 to 8 years, and some of the curvatures were extreme. The deformities were reduced with considerable facility. . . . An exact estimate of the value of the treatment is impossible at present.

BOWIE recommends for asthma the laryngeal injections of menthol, iodine, ol. lupuli in almond oil. It is claimed to give relief and prevent the occurrence of attacks. His theory of the occurrence of asthma is that it depends upon changes in barometric pressure, and the effect produced upon the transudation of lymph.

Hydrozone for Disorders of the Genito-Urinary Tract.

Medical Times and Register.

Dr. John Aulde, of Philadelphia, states that about eight years ago he was forcibly impressed with the value of Peroxide of Hydrogen in a protracted case of gonorrhœa. The disease had persisted for three months despite the treatment of several attendants, there being a constant discharge, and in addition, there was an orchitis present, the left testicle being about as large as a baseball.

Treatment consisted of the local use of injections of equal parts of Peroxide of Hydrogen and moderately warm water, used at intervals of four hours, these injections being followed by a solution of arsenite of copper containing one milligram (one 65th grain) to the drachm, diluted with an equal quantity of hot water.

In a week the patient was able to return to his home in a distant State, the discharge from the urethra having entirely ceased, and pain and chordee having disappeared.

The author advised the same treatment for non-specific urethritis and gleet, but as Hydrozone is much stronger (two times) than the Peroxide, and perfectly harmless, he gives it the preference.

In vaginitis and vaginismus this treatment is of especial value. The treatment heretofore recommended by physicians, consisting of hot vaginal douches, either with or without some alkali, as sodium bicarbonate, followed by the injection of a small quantity of Peroxide of Hydrogen (medicinal) in warm or cold water is superseded by the single application of a hot solution of Hydrozone, one part in eight; the patient should use a fountain syringe which should be hung upon the wall about six feet from the floor; the patient sits upon a suitable vessel, and introduces the rubber tip of the hose well back into the vagina, while the labia are compressed by the disengaged hand; this allows the solution to so distend the vagina as to bring it in contact with all the diseased tissue. The injection should be repeated twice in twenty-four hours.

In uterine diseases, where the solution must be brought into contact with the endometrium, the following treatment is pursued:

The patient is placed in the dorsal position, with the hips well elevated; an ordinary dilator is employed to distend the cervix, so as to admit the nozzle of the syringe and permit the free egress of the injected fluid; (a suitable return flow tube can be used to better advantage, the Fritsche's douche is the best that can be used). The injection is then made, a liberal amount of the hot medicated solution being used.

There is no need of caution in chronic cases, that the effervescence which attends the destruction of the unhealthy tissue does not force some of the debris into the Fallopian tubes. This is best avoided by using a large quantity of the solution, and afterwards directing the patient to assume the upright position. The pressure thus brought to bear upon the uterus will cause the complete discharge of all debris.

A preliminary vaginal douche should always be taken, using the medicated solution, as otherwise, harm might ensue by the entrance into the uterus of the vaginal secretions. The author warns against the use of the vaginal douche if the cervix be patulous, as there is an almost certain danger of the infected vaginal debris being forced into the uterine cavity. To avoid this the vagina should be cleansed by the local use of the medicated solution through the speculum.

The author believes Hydrozone to be the best remedy for cystitis occurring either in the male or female. The bladder should be washed out with the solution (one to eight), a small quantity being used at first in chronic cases, owing to the painful muscular contractions following the withdrawal of the solution. The amount can be gradually increased. (A double current hard rubber catheter should always be used for that purpose). In gonorrhea, gleet and cystitis, the local treatment is oftentimes aided by the internal administration of hourly doses of calcium sulphide one-tenth of a grain.

Bona Fide Testimonials.

The Medical Fortnightly, Oct. 15.

That the commendation of a strong man carries with it great weight is a fact appreciated by all manufacturers, and whatever be their advertising policy, testimonials are sure to be a feature. But "strong men" are not anxious to have their names too often in print, though they do appreciate the excellence of a product, and wish to encourage the manufacturer. This has led our leading manufacturers, and prominent in this class the Imperial Granum Co., to withold physicians' names when publishing testimonials. Published testimonials from this house are never signed, but the company guarantees that they are from men of repute, and stands ready to verify the claim should it be questioned.

"Grip."

C. A. Bryce, A. M., M. D., Richmond, Va., editor of *The Southern Clinic*, in writing upon the above subject, during an epidemic of la grippe, said:

"For the past four weeks or more, we have met with five times as much grip as anything else, and the number of cases in which the pulmonary and bronchial organs have been very slightly or not at all involved have been greater than we have noted in former invasions. On the contrary, grippal neuralgia, rheumatism, hepatitis and gastric congestions have been of far greater frequency, while in all the nervous system has been seriously depressed.

"The fatalities from pneumonia, meningitis and other complications have been fewer, showing plainly that we are gradually gaining an immunity from this zymotic invader. With each succeeding visitation of this trouble we have found it more and more necessary to watch out for the disease in disguise, and to treat these abnormal manifestations; consequently we have relied upon mild nervous sedatives, anodynes and heart sustainers rather than upon any specific line of treatment. Most cases will improve by being made to rest in bed and encourage action of skin and kidneys, with possibly minute doses of blue pill and quinine, or calomel and salol. We have found much benefit from the use of antikamnia and salol in the stage of pyrexia and muscular painfulness, and later on, when there was fever and bronchial cough and expectoration, from antikamnia and codeine. Throughout the attack, and after its intensity is over, the patient will require nerve and vascular tonics and reconstructives for some time."

In Children's Practice.

Dr. Goliner, of Erfurt, has recommended Papain, B. & S., in *Der Kinder-Arzt*, as exceptionally valuable in infantile dyspepsia and intestinal catarrh. He says: "I usually order 1½ grains Papain, B. & S., (for nursing infants), three times daily, with barley gruel and diluted milk fifteen minutes after each dose. After the third or fourth powder the infant's appetite increases, the spitting up or eructation ceases, ond the evacuations assume a normal yellow color—the previous fetid odor of the latter disappearing entirely, which is also proof of the antiseptic virtue of papain. For children over one year, I recommend a dosage of 3 to 4 grains Papain, B. & S. I have found it to be an excellent appetite-stimulating and digestion-promoting agent in children's practice."

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